

**2025-26 Addendum**

This form is an addendum to the family's Enrollment Application or Re-enrollment Form for the **2025-26** school year.

**Complete this form if:**

1. You completed and signed an Enrollment Application but need to enroll **more than four students, OR**
2. You completed and signed a Re-enrollment Form and need to add a **new Gr. K** student or a **student who was NOT enrolled** with Pathways in the previous year.

**Parent/Legal Guardian**

Parent/legal guardian (BC resident): First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Who has custody?    Both parents    Mother    Father    Other (step-parent, aunt, social worker, etc.): \_\_\_\_\_

Are legal custody orders in effect or in process?    No    Yes, for: \_\_\_\_\_

**Additional Student**

Legal first name: \_\_\_\_\_ Birthdate (YYYY-MM-DD): \_\_\_\_\_

Legal middle names: \_\_\_\_\_ Gender on birth certificate: \_\_\_\_\_

Legal last name: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Preferred first name (if different): \_\_\_\_\_ Country of birth: \_\_\_\_\_

Preferred last name (if different): \_\_\_\_\_ Desired start date (MM-YYYY): \_\_\_\_\_

BC Health Services # (Care Card): \_\_\_\_\_ Grade level (at start date): \_\_\_\_\_

Medical Alert (anaphylactic or serious conditions): Y/N: \_\_\_\_\_ Other health: \_\_\_\_\_

Aboriginal Ancestry: Inuit, Metis, Non-status, Status on-reserve, Status off-reserve: \_\_\_\_\_ Band: \_\_\_\_\_

Student Contact Info: student email (optional): \_\_\_\_\_ student cell (optional): \_\_\_\_\_

I, the parent and/or legal guardian, want to be included/carbon copied (cc'd) on communication from Pathways to my child as follows:    Always cc parent    Do not cc parent    cc parent at school's discretion (eg. deadlines)

Cross-enrolling at PA? Name of your main school: \_\_\_\_\_ City: \_\_\_\_\_

**PREVIOUS SCHOOL**

School Name: \_\_\_\_\_ City: \_\_\_\_\_ Dates attended: \_\_\_\_\_ to \_\_\_\_\_

Reason for changing schools: \_\_\_\_\_

**PERSONAL EDUCATION NEEDS** *(please attach separate page if you need more space)*

Does your child struggle with any subjects? Explain. \_\_\_\_\_

If so, do you anticipate that your child will need extra support?  
What type of support would best meet your child's needs? \_\_\_\_\_

Does your child have an Individual Education Plan (IEP)? \_\_\_\_\_

Has your child had professional assessments (e.g. speech) that would help us to plan your child's educational program? \_\_\_\_\_

Has your child received professional support for speech, vision, or movement (e.g. occupational therapy)? Please describe. \_\_\_\_\_

Do you anticipate that your child will need social or emotional support (e.g. counselling)? \_\_\_\_\_

**Parent/Guardian Acknowledgment**

By submitting this Additional Student Application, I/we understand and agree that it is considered an addendum to our signed Enrollment Application or Re-enrollment Form for the 2025-26 school year.

**Date:** \_\_\_\_\_ **Initial:** \_\_\_\_\_  
                    YYYY-MM-DD

Click 'Save Form' and send to: [office@pathwaysacademy.ca](mailto:office@pathwaysacademy.ca)

Provide a copy of the student's **BIRTH CERTIFICATE** (required) and legal custody docs, if applicable.